

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091227881

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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25		/				
26		/				
27		/				
28		/				
29		2				
30		/				
31		/				
32		/				
33		/				
34		/				
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55		/				
56		/				
57		/				
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88		/				
89	/					
90	/					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	23	↓		↓		↓
TOTAL DEP.	68	↓		↓		↓
TOTAL CLAIMS	91					